

# **Population Services International Afghanistan**

## **Focus Group Discussion Summary of Result Birth Spacing Attitudes, Experience and Contraceptive Branding Among Afghan Women**

### **FINAL REPORT**

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## **I. EXECUTIVE SUMMARY**

With funding from the Bill and Melinda Gates Foundation, PSI will launch a social marketing program for birth spacing in late 2003, in an effort to address the urgent need for improved maternal and child health in Afghanistan. In November 2003, PSI will introduce *Number One Condoms*, to be followed by *OK* oral and injectable contraceptives in early 2004.

To better understand consumer's attitudes, tastes, and preferences, PSI's Research Team conducted a series of focus group discussions (FGDs) with Afghan women to negative test three sample logos for OK contraceptives. The three logos were: a pale flower, a bright flower, and two birds.

FGDs were conducted in Kabul City and Logar Province in July and August 2003. Focus groups were organized with the assistance of Aide Medical International (AMI) and Action Contre Le Faim (ACF). Discussions were conducted on premises at AMI and ACF health facilities.

During the study, women were asked to discuss their likes and dislikes regarding these logos and to explain their meaning. The FGD results did not point to a clear mandate for either a flower or bird logo. In every FGD women liked both styles, and when directly asked to compare, both flowers and the birds were chosen with similar frequency.

The label should include English language, as well as Pashtu and Dari.

According to FGD results, packaging should include the following text and features:

All FGD participants agreed that the front of the package should include Dari and Pashtu text stating what the product is. This will read, "Birth Spacing Pills."

The back of the box should include the following information in Dari and Pashtu:

- Statement of product quality
- Directions for use
- Supply (28 pills, one month) [afterthought: perhaps this should be on front in dari and pashtu?]
- As an afterthought, Pill content should be placed on the outside of the package as it is done in India, Cambodia, and Pakistan.

The box sides will include the following information:

Manufactured by Scherring

Distributed by PSI

Do not store below 30 degrees C (in Dari and Pashtu)

Most women are willing to pay for birth spacing products if they are guaranteed an effective product that is not harmful to their health. When asked how much they were willing to pay for one month of contraception, women's answers ranged from 3 to 1,000 Afs. The modal prices fell between 10 and 30 Afs. A total of 7 people said they were willing to pay between 50 and 100 Afs.

Every FGD was begun with a discussion of birth spacing knowledge and experiences. The results of these discussions are recorded below. However, it is important to remember that FGDs were conducted on the premises of several health facilities, with participants who are clients at these facilities. Findings may not be representative of the wider Afghan population.

## II. BACKGROUND

With funding from the Bill and Melinda Gates Foundation, PSI will launch a social marketing program for birth spacing in late 2003, in an effort to address the urgent need for improved maternal and child health in Afghanistan. In November 2003, PSI will introduce *Number One Condoms*, to be followed by *OK* oral and injectable contraceptives in early 2004. Throughout the coming year, PSI will dramatically scale-up rural sector distribution of contraceptive products with funding from the USAID REACH program in an effort to increase access to contraception where it is most urgently needed.

To better inform the design of the birth spacing program, PSI's Research Department has undertaken several studies to better understand the contraceptives market in Afghanistan, Afghan consumers in particular. This extensive behavioral and market research is intended to ensure that contraceptive brands and birth spacing communications are designed in harmony with the nation's current political and religious climate.

In February 2003, an initial series of focus group discussions with Afghan men and Afghan women<sup>1</sup> found that *Number One* will be a culturally appropriate brand name for PSI's social marketed condoms, and *OK* will be an equally appealing brand name for hormonal contraceptives.

In April 2003, PSI conducted an assessment of the contraceptives markets in Herat and Kabul Provinces. The Market Assessment Survey aimed to identify gaps and weaknesses in the market that could be addressed and strengthened through the social marketing program in order to reduce maternal and infant mortality rates nationwide. Information was gathered on contraceptive availability, price, source, sales volumes, point of sales materials, mark-ups on products (by retailers), and unmet demand for contraception among wholesalers, pharmacies (retailers), convenience stores and street vendors<sup>2</sup>.

In July 2003, a more rapid market assessment survey was conducted among 30 pharmaceutical wholesalers and 25 retailers (pharmacy and non-pharmacy) in Kabul Province, to further explore tastes and preferences within the commercial sector for various condom brand characteristics. The study found that both retailers and wholesalers believe that well advertised brands will be popular among consumers. The study further indicated that pictorial instructions for condom use, either inserted in the

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<sup>1</sup> 6 FGDs were conducted with low-income, low-education, married women ages 18-40 years, and 2 FGDs were conducted with low-income, low education married men, ages 18-40.

<sup>2</sup> A questionnaire was administered to 363 urban and 158 rural outlet managers/owners in the provinces of Kabul and Herat – the two major markets and wholesale centres in Afghanistan.

condom package or printed on the box, could have a negative impact given the current political climate in Afghanistan. Because many retailers valued the utility of pictorial instructions, for illiterate consumers in particular, this option will be revisited again in the future.

In July and August of 2003, a series of FGDs were conducted with Afghan men, aged between 18 and 35, to negative test three potential designs for Afghanistan's new *Number One* condom. The study yielded additional information regarding the birth spacing knowledge and experience among participants.

The FGD study described below was also conducted in July and August of 2003 and is intended to provide a sharper picture of tastes and preferences among Afghan women regarding contraceptives. Study results will be used to guide the development of brand characteristics for PSI's new social marketed hormonal contraceptives.

Together with the research results described above, the study will help to determine a brand logo and image for the *OK* brand; as well as packaging details such as the text and language to be used on *OK* packaging.

PSI would like to express appreciation to the Bill and Melinda Gates Foundation for supporting the initial phase of the birth spacing program. Further gratitude goes to AMI and ACF for contributing time and effort to organizing FGDs and for providing the space in which to conduct them.

### **III. STUDY OBJECTIVES**

The primary objective for the study described herein is to develop new brands of oral contraceptives and injectable contraceptives that are appropriate to Afghan consumers—with particular consideration to the potential sensitivity of birth spacing products among conservative Afghans. The study aimed to better understand the tastes and preferences for products including colors, language, and logo images.

To build a more thorough picture of study participants, the focus group discussions also included several questions regarding the birth spacing attitudes and experiences of Afghan women. This information could play a key role in positioning *OK* contraceptives on the Afghan market.

### **IV. METHODOLOGY**

Focus group discussions were conducted by the PSI Research Department in collaboration with Action Contre le Faim (ACF) and Aide Medical International (AMI). Each discussion group consisted of approximately 7 to 8 people in an aim to generate more in-depth discussions with participants. FGDs were conducted on premises at the ACF and AMI health facilities located in Kabul City and Logar Province.

PSI's Dr. Wamta Shams, Training Coordinator and PSI's FGD Specialist, moderated the first 2 focus group discussions. A second moderator, Ms. Diana, was trained by Dr. Wamta and conducted the last 6 FGDs (see below for more details). Discussions were

facilitated by moderators who loosely adhered to the attached moderator guide. Moderators were encouraged to follow the natural flow of conversation as it developed among participants. A trained note taker recorded each discussion, in addition to a small tape recorder (used with the permission of FGD participants). The note taker later transcribed all discussions. Transcripts were translated from Dari and Pashtu into English, and key findings are described below. Each FGD lasted approximately 1 hour and refreshments were served immediately afterwards.

While reading the summary of results below, it is of critical importance to consider the context of each discussion. Because we will assume that less than half the nation's women regularly visit a health facility or clinic, it is possible that participants who are regular visitors do not reflect the attitudes, opinions or knowledge of Afghan women in general<sup>3</sup>. Furthermore, some responses may reflect the desire of participants to give the "correct" answers based on information they have been given by the clinic; such answers may or may not reflect their true beliefs or experiences.

Furthermore, it is equally important to note that the sample size for this qualitative study is 58 respondents. These results can only give you an idea of the experiences and opinions that exist among Dari and Pashtu-speaking women in Kabul City and Logar Province. For the purposes of this study, their opinions and preferences regarding contraceptive branding are used to indicate the opinions and preferences of Afghan women in general. However, generalizations regarding the birth spacing knowledge, exposure, and experiences are not inferred by the text below. Such information is only included to better understand the discussion participants.

## **V. PARTICIPANTS**

Focus group discussions were conducted in both Kabul and Logar Provinces. Because the study was conducted on the site of clinics and hospitals, participants may possess greater awareness levels for birth spacing than is characteristic of the Afghan population—as they have been exposed to varying degrees of clinic/hospital- based health education (a requisite component of any clinic treatment).

In total there were 58 female participants with children. In Kabul, respondents were exclusively Dari speakers. In Logar, one group was mixed with Dari and Pashtu speakers, while the remaining three groups were exclusively pashtu-speakers.

**In Kabul Province:** PSI worked together with Action Contre la Faim to organize the FGDs through ACF health facilities. Participants were as follows:

*Khawaja Bughra, the ACF mother and child health clinic in Khair Khana*

FGD 1: 8 participants ages 18-28, Dari-speaking

Moderator: Dr. Wamta

FGD 3: 7 participants ages 29-38, Dari-speaking

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<sup>3</sup> During the FGDs, moderators did not ask participants how often they come to the clinic. However, it can be assumed that their presence at the clinic on any given day indicates above-average exposure to clinic education activities and health services.

Moderator: Diana  
*Attaturk Hospital, the ACF supplementary feeding clinic for malnourished children*  
FGD 2: 7 participants ages 29-38, Dari-speaking  
Moderator: Dr. Wamta  
FGD 4: 8 participants ages 18-28, Dari-speaking.  
Moderator: Diana

**In Logar Province:** PSI worked together with Aide Medical International to organize FGDs through Barakhi Barak Hospital, a well-known district hospital with 52 beds. Participants were as follows:

FGD 5: 6 participants, 18-28, Dari and Pashtu speakers  
Moderator: Diana  
FGD 6: 8 participants, ages 18-38, Pashtu-speakers  
Moderator: Diana  
FGD 7: 7 participants, ages 18-38, Pashtu-speakers  
Moderator: Diana  
FGD 8: 7 Participants, ages 18-38, Pashtu speakers  
Moderator: Diana

## VI. RESULTS

### A. *Birth Spacing Knowledge, Attitudes, and Experiences*

#### 1. Average Numbers of Children

As expected, younger women tended to have fewer numbers of children than older women. Among the Dari-speaking women ages 28-38 (n=14), most women had between 5 and 9 children, with half of them having more than 7. Most Dari-speaking women age 18-28 had between 2 and 4 children. Because age was not similarly stratified for Pashtu-speakers, average numbers of children cannot be approximated.

#### 2. Birth Spacing Attitudes

In every FGD the vast majority of women expressed positive attitudes towards birth spacing.

When specifically asked what they know about birth spacing, women most frequently replied with their opinions about optimal birth spacing interval and the total number of children that a family should have. Most women stated that OBSI should be between 2 ½ and three years, with several women saying they preferred to wait as long as possible. One Pashtu speaking woman from Logar Province said, “If spacing is 4-5 years it’s better; let children grow up completely and then have another.”

Many respondents stated that smaller families allow for better lives. Expression of optimal family size ranged from one child to six children—one woman from

Logar Province stated that the ideal family would have five boys and one girl. However, most often commonly stated ideal family size was 3 to 4 children. Among all respondents, 8 women specifically stated that not practicing birth spacing and having too many children would make the mother very weak. A total of 9 women spontaneously stated that birth spacing will make their children healthier, and another 5 said [unprompted] that birth spacing makes it easier to manage their families and households.

Four women stated that they would like to practice birth spacing but their husbands and/or relatives have forbidden this. Only two respondents mentioned that husbands sometimes bring contraceptives to their wives.

While Afghanistan's conservative/religious society has led to great concern regarding the appropriateness of public birth spacing promotion, only two respondents specifically stated that, "some people say birth spacing is a sin." Because the FGDs were conducted within health facilities, however, many comments may reflect "institutionalized" beliefs, promoted within the clinics, that do not represent more widely held beliefs. Furthermore, it is important to remember that clinic staff were present in several FGDs and respondents may have been inclined to offer "correct" answers as opposed to their true opinions/beliefs.

Overall, the prevailing attitude conveyed in every FGD was that women who space their births have either a happier, healthier, or more financially secure family life.

### 3. Knowledge of Birth Spacing Methods

Methods of birth spacing were not specifically discussed in most FGDs. Women's knowledge of methods tended to come across in their discussions about their own experience with birth spacing, and the experiences of their family and friends.

In four FGDs women were directly asked to name methods of birth spacing. The most commonly given answers were oral contraceptives, injectables and IUD (referred to as "the loop." in Dari and Pashtu languages).

In one FGD in Kabul with Dari-speaking women ages 28-28, three women responded that "sewing the vagina" is the best way to stop having children. This method may refer to tubal ligation, however, the translation is unclear.

Women very often stated that "being careful" is one of the best methods for spacing births as you can avoid the "harmful" side effects caused by contraceptive medicines. "Being careful" appears to refer to the "rhythm method," or natural birth spacing. This method was mentioned at some time during discussion in all FGDs.



In one FGD with Pashtu-speaking women in Logar Province, women were asked which method of birth spacing they prefer. While one woman stated that pills are better because people are afraid of injection, four women stated that injection is better. Two women explained that one injection can last for three months, where pills have to be taken every night.

4. Birth Spacing Exposure/Experiences

Women who stated that they have tried oral or injectable contraceptives, or who know people who have, related negative experiences. Of the 7 women who specifically stated that they had tried oral contraceptives, 6 reported that they had bad experiences and stopped taking them. The most commonly mentioned negative side effects were nerve disorders and loss of breast milk. Another two women reported to be currently using oral contraceptives, one of which stated she was happy with the method.

Of the 11 women who specifically stated that they had tried injectable contraceptives, 10 reported negative side effects that caused them to stop taking injectables. Of the 8 women who reported having friends and family who tried injectable contraceptives, four reported that these people had negative experiences. The most commonly mentioned side effects from injectable contraceptives were bleeding and “swelling.” In some FGDs, women reported that this swelling was located in the “womb” or the “uterus.” Other side effects mentioned were loss of milk, heart problems, and hypertension.

Eight women stated that they know someone who has used IUD, or the “loop.” Only 2 women reported that the loop had negative side effects. Four women stated that they would like to use the loop but cannot because they perform heavy labor that prevents them from using it.

Six women specifically stated that they would like to use some method of birth spacing but they are afraid of the negative side effects. Eight women mentioned using the rhythm method or natural birth spacing, and often explained that they prefer it to other methods because it does not have negative side effects.

Only 2 people from all 8 FGDs mentioned the condom as a method of birth spacing.

Overall, women appear to have very positive attitudes towards the benefits of birth spacing, with not one woman stating a negative consequence of birth spacing. In every FGD, women described. However, when relaying their own personal experiences or exposure to various methods of contraception, the prevailing sentiment was that women often have health problems as a result of taking oral and injectable contraceptives.

5. Key Barriers to Birth Spacing

While most women conveyed a positive attitude towards the inherent benefits of birth spacing, there were a total of 31 negative statements made regarding the

physical side effects of either oral or injectable contraceptives. These negative perceptions may present a barrier to women trying contraceptives for the first time, or returning to using them in the future. Several women stated that they want to use IUDs but cannot because they perform manual labor in the home and therefore cannot use the IUD. Other women stated that their doctors said they are too weak to use the IUD.

Listed below are statements made during the FGDs that may present further barriers to the practice of birth spacing. Similar comments were often made in more than one FGD, this is also indicated below.

- Some women don't know how to use it (FGD Group 1 & 8)
- Some women like having more children (FGD Group 1)
- In rural areas, people believe that god will provide food and clothes for them, so they don't worry and have lots of kids (FGD Group 1)
- People in rural areas like to have more kids...a woman will have many daughters hoping to have a son (FGD Groups 2,3, 5)
- Some women would like to have fewer children but their husbands reject this (FGD Groups 3 & 5)
- Some people think more children is good for fighting against other families in tribal conflicts (FGD Groups 7 & 8)
- Some women, especially the wives of 2 brothers, compete to have more children (FGD Groups 7 & 8)
- Some women don't know where they can get it (FGD Group 7)
- Some women believe birth spacing is a sin, they also believe taking medicine is a sin because god provides for their daily needs (FGD Group 7)
- Some women think it's good to have more children because if one dies there will be others left.

These statements help to illustrate the range of barriers to birth spacing that could exist among Afghan women. Given the small sample size and the structure of the focus group discussions, it is not possible to tell which of these comments, if any, represent prevailing opinions among Afghan women regarding birth spacing. Additional research will be necessary to probe further into the root causes for these statements as well as their prevalence in wider Afghan society.

### *C. Willingness to Pay*

FGD participants were asked how much they would be willing to pay for one month of contraception. Overall, answers ranged from not being willing to pay anything (n=5) to paying 1,000 Af\$ (N=1).

In FGDs 2 and 3 in Kabul Province<sup>4</sup>, 3 women were willing to pay 100 Af\$ for contraception that is high quality and guaranteed not to cause health problems. One woman said she would pay 1,000 Af\$ for such high quality medicine. Other people were

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<sup>4</sup> In FGD 1 and 2, the "willingness to pay" question was not asked. It was added to the moderator guide for FGDs 3-8.

willing to pay between 20 and 50 Afs. Four respondents stated that they could not afford to pay anything.

In Logar Province, 11 women responded that they would pay between 10 and 20 Afs for one month of contraception. Another 4 women responded between 50 and 100 Afs, while 3 women said between 3 and 5 Afs. One woman said that she could not afford to pay anything.

#### *D. Availability of Contraceptives*

In each FGD, participants were asked where they could locate contraceptive medicines. The most common answers given were clinics (N=12), pharmacies (N=6), with doctor's prescription<sup>5</sup> (N=6), midwives<sup>6</sup> (N=6), hospitals (N=5), and the bazaar (N=1). The majority of respondents stated that they would not buy contraception or any other medicine without the advice of a doctor.

When asked if they would buy contraceptives from a cart or stall in the street, the majority of respondents said that they would not. Eight women specifically stated that these medicines are unreliable and expired. Only one woman said that she would try a contraceptive medicine from a cart.

Among FGD participants, knowledge of availability appears quite high, with multiple respondents in each FGD naming at least two places where contraceptives are available. However, these respondents may have higher exposure to such information as they have all visited a clinic or health facility at least one time<sup>7</sup>.

#### *E. Contraceptive Branding<sup>8</sup>*

##### 1. Pale flower with purple background

###### ■ *The picture*

When first presented with this picture, the many respondents stated that the flower is beautiful. Women said they liked its pale color. One woman said that it looks very real. Many people also stated that they like the purple color of the background. However, several people said that they did not like the flower's pale yellow because it reminds them of sickness or anemia.

###### ■ *The meaning*

Several women said that the pale yellow flower represents a woman who has had too many children, she is pale and faded like this flower. One woman stated that women with fewer children are like flowers. Another woman said

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<sup>5</sup> It is unclear whether a doctor's prescription would be filled at the clinic or at a pharmacy, thus "doctor" is not a true category, but potentially part of the clinic or pharmacy categories

<sup>6</sup> It is unclear whether midwives refer to home visitors such as TBAs and CHWs, or a midwife practicing in a clinic.

<sup>7</sup> Statistics for the percentage of Afghan women estimated to have ever visited a clinic are not available at this time.

<sup>8</sup> Not all of the sub-categories: picture, meaning, associations, and quality perceptions were discussed for each logo in every group. In particular, discussions regarding "associations" were quite lean.

that when women are unmarried, they are like flowers; when they get married, they become faded like this flower.

- **Associations**

Associations with this logo included: flowers in the fall, the color of dresses, houses, and magazines; bottles of medicine, and the pale color of illness. Several people stated that they have not seen anything like this.

- **Quality perceptions**

When discussing the quality perception each of the three logos, most respondents stated that the logo and colors of the packaging cannot tell them anything about the quality of the medicine. Most women said that they rely on their doctors to tell them what medicines they should take. Some other women said they would have to try the medicine first before knowing what its quality is. One woman even stated, “I never buy anything on the basis of their covers because all bad quality things made in Pakistan have beautiful colors.” Some women did state that they do purchase packages that they are already familiar with. They said that having been exposed to these logos and packaging, they would purchase them if they see them in the store.

Regarding this particular logo, several women stated that the color yellow is not good because it is associated with illness.

## 2. Bright flower with white background and two colored stripes

- **The picture**

When shown this picture, most people commented on how bright the colors are. In particular, they admired the green leaves and the deep pink color of the rose. As with the previous packaging, many women commented that they are very attracted to the bright colors.

While the purple background of the previous package was well liked, many people stated that they also love the white background of this pack because it is very bright. One woman commented that this flower looks fake.

This flower has a small green beetle sitting on top of it. All of the women who commented on this bug did not like it. Several women said it looked dirty.

- **The meaning**

Respondents said that the colors of the flower are bright and fresh, like a woman who does not have too many children. The bug on the flower was interpreted as a dirty insect. One woman stated, “This flower shows a mother having more children, she is like a flower that is destroyed by a worm.”

- **Associations**

Respondents associated this packaging with shampoo, syrup, foot medicine, bottles of drops, soap, and medicine for children. One respondent in Logar said that this flower looks like the picture that is on the coats given out by NGOs.

- [Quality perceptions](#) (See discussion for quality perceptions above)

### 3. White and purple birds with pink background

- [The picture](#)

Women expressed positive opinions of the colors of this package because they are bright, they also said that the birds are beautiful. One woman stated that the pink color is very good because if it were darker, it would be hard to find at night.

One woman in Logar stated that everyone likes pigeons because they fly in the air and they are beautiful. There was only one negative comment regarding the bird logo, one woman in Kabul said that the birds were faded and it looks like a counterfeit package.

- [The meaning](#)

In every FGD, respondents stated that the birds were symbols of freedom, having the ability to fly anywhere that they choose. Women likened this ability to the freedom of a couple that has fewer children. One woman said that the birds are similar to a mother who has fewer children—she is nimble, while women having more children are lazy and passive. Another respondent said that the birds denote sexual relations and show a couple having a happy life. In one FGD in Kabul, a woman mentioned that such birds are a sign of good news.

- [Associations](#)

One woman in Kabul said that she had seen these birds on a condom package. Other women said that these birds are often pictured on the back of wedding cards. Other associations included medicine logos and labels for stockings.

- [Quality perceptions](#) (See discussion for quality perceptions above)

## F. CONCLUSION: *Branding Preferences*

### 1. Logo

Many women stated that they love flowers and roses, often generalizing that all people love flowers and roses. The bright flowers and colors of the packaging were compared to women with fewer children—they will also have more color and energy.

Women had similarly positive responses to the bird logo, admiring the freedom of the birds and stating that a woman with fewer children has freedom like these birds.

There were very few negative opinions regarding the flowers or the birds. The only consistently negative opinion was that the pale flower is associated with sickness or anemia. When asked to discuss their favorite packaging, there was no

clear mandate for any single logo. In every FGD, women expressed a preference for the pale flower, the bright flower, and the birds.

## 2. Colors

Most respondents were attracted to the bright colored backgrounds of the packages, with many people stating that they prefer bright colors. One Pashtu-speaking woman explained, “dull colors show sickness, bright and luscious colors show prosperity<sup>9</sup>.” Other women said that bright colors are a sign of freshness. Women most often mentioned that they liked the purple and the white backgrounds.

## 3. Language

In most FGDs respondents said that English language on packaging implies that the product is high quality. However, many women added that it would be better to have these labels in Dari and Pashtu languages as well because not many people in Afghanistan can read English. Although most women could not read themselves, they said that their husbands might be able to read the package for them if it were in Dari or Pashtu. Women often commented that the English writing on the package is very beautiful.

# VII. RECOMMENDATIONS

## A. Product Logo

The FGD results do not point to a clear mandate for either a flower or bird logo. In every FGD women liked both styles, and when directly asked to compare, both flowers and the birds were chosen with similar frequency.

A flower logo would appeal to consumers, as most women appear to “love” flowers. In most FGDs women compared bright fresh flowers to mothers who have fewer children. This could be a potential theme for branded birth spacing messages.

The bird logo was also well liked. In every FGD women said that these birds represent the type of freedom that a couple (or a mother) with fewer children can have. This symbolism could also provide the foundation for a branded campaign with which women will identify.

## B. Product Color

In all FGDs it was clear that bright colors appeal to Afghan women. The color purple was mentioned most often, although women also commented that the bright pink and green rose and the white background were beautiful and attract attention. Also admired were the purple and white colors of the birds.

## C. Language on Packaging

The label should include English language, as well as Pashtu and Dari.

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<sup>9</sup> FGD Group 7

#### D. Text on Packaging

The text on the package needs to be discussed. It will be most important that the package includes at least the following information in Dari and Pashtu: what the product is for, what is in it, and a description of its quality (can we say that it is recommended by doctors?). What additional information should be included on the outside of the packaging?

#### E. Product Positioning

It is most likely that OCs and ICs will be distributed primarily through clinics and other health facilities. Because this may be one of the first (or only) contraceptive that women will have paid for, it will be important to stress the comparative quality of this product. Many women, particularly in Logar, said that they would be willing to pay some amount for a contraceptive product if they could be guaranteed that it is high quality.

It would be of greatest advantage to have a slogan or some other association that describes OK as being doctor recommended.

Many of the FGD participants appear to have had bad experiences with low quality, expired, and unreliable medicine (sometimes specifically said to be coming from Pakistan). Women may like to see a medicine that is positioned as an answer to their complaints against the contraceptive methods that are currently available; e.g. a much higher quality product still at an affordable price.

Kathy Carter-Lee, Mother and Child Health Advisor at Swedish Committee for Afghanistan explained that many women are already seeking their health care from private clinics; paying for the service because they believe they will get a higher quality of care and more accountability. Getting people to switch from the free contraceptives available in clinics to a nominally priced social marketed product may be facilitated by offering similar advantages: a higher quality product and more accountability (how do you provide accountability for a pharmaceutical product?).

#### F. Next Steps

The results of this survey will be presented to the staff of PSI Afghanistan and used to further develop the brand for OK contraceptives. When a final package has been designed, this should be pre-tested in a second series of FGDs to ensure its appropriateness.

Furthermore, the directions for both OK injectables and oral contraceptives will require pre-testing following their translation from English to Pashtu and Dari. Because most women in the low-income target group for social marketed OK contraceptives are illiterate, it is recommended that the instructions be read aloud to the focus group participants (as a doctor or pharmacist would read them to a client). The directions should be tested for both clarity and accurate translation.

If possible, the final package can be negative tested concomitant with the instructional inserts.





## **ATTACHMENT 1**

### **Moderator Guide**

### **Negative Testing of Contraceptives' logo and colors**

**7, July 2003**

#### **1. Preparation**

##### **Materials:**

- A color copy of each logo
- Tape recorder and tapes, pens, pencils, notepads, paper, markers, labels for making name tags (do NOT use pens or notepaper with PSI's logo)
- Copies of discussion guide for members of the research team
- Refreshments

#### **2. Introduction**

##### **Warm-Up and Explanation**

Thank you for coming to talk to us today. We're happy that you can spare some time to have a discussion with us. The purpose of this study is to help us design a health product for women in Afghanistan to give them more health choices. We are interested in all of your opinions to support our work.

##### **Purpose**

Feel free to speak at any time. We will spend approximately an hour on the discussion talking about the product's logo and packaging. All information is confidential and will not be shared with anyone else.

##### **Note Taker and Tape Recorder**

I would like to introduce you to our note taker. Her name is \_\_\_\_\_. She will be writing down the things that we say during today's discussion. Everything that is written down is strictly confidential and will not be shared with anyone else. Because our note taker cannot write down every single thing that you say during the discussion, I would like to use a tape recorder to tape this discussion. This tape-recorded conversation will be private; it is only used to keep better records of your statements and opinions. Anything that you say will not be shared.

##### **Discussion Guidelines**

This is a friendly discussion, so there are no right or wrong answers. We would like to have one speaker at a time, and there should be no side discussions during the session. Please tell us your opinion, even if it is similar to what someone has already said. Anyone can contribute to the discussion at any time. Please help yourself to water while we talk.

## **Introductions**

Let's begin by introducing ourselves. If you are not comfortable giving your own name, then just tell us what name you would like to be called today.

*My name is Dr. \_\_\_\_\_. I am from\_\_\_\_\_.*

*(\*Moderator should aim to establish a rapport with respondents at this time, and encourage them to express themselves. Ask note taker to make name cards for each of the participants as they introduce themselves. Moderator reminds respondents that their names will not be used in our reporting.)*

## **II. Discussion Guidelines**

### **WARM UP**

Let's start by talking about our families. I'd like us to tell each other how many children we have, how old they are and whether they are boys or girls.

### **PACKAGING**

*"Now I'm going to show you packages for new products that you will never have seen before. I would like you to give me your honest reaction to these pictures and colors—tell me what you think of each one."*

### **SHOW FIRST PACKAGE**

- What do you think when you see this logo? PROBE: Is it nice? Is it high or low quality?

**REPEAT 2 MORE TIMES FOR ADDITIONAL LOGOS—then ask them which of the three they like best.**

### **BIRTH SPACING**

- Does everyone know what birth spacing is?  
(if no answers, explain)
- Let's discuss different birth spacing methods. Can you explain the following birth spacing methods and how they are used?
  - a. Oral contraceptive
  - b. Injectable contraceptive
  - c. Condom

*If any of the methods above are not fully explained, give more explanation.*

- Do you have any friends who practice birth spacing?
- Is it very common very common to practice birth spacing?
- Why do you think people like you would practice birth spacing?

- Why do you think they would not?
- Do you know where birth spacing products are sold? Where?

### EXPLAIN

“Now, I’m going to show you a new brand for birth spacing pills and injectables that you will not have seen before—we’re going to examine possible logos for the product and discuss what we each think of them. Before we start I want you to all understand that neither I nor my company created these designs—so you will not offend me by saying you do not like something. It’s my job to find out what you really think and feel—so please talk freely.”

### LOGO

1. What does this logo represent to you?
2. **Probe:** Can you tell me more about why the logo represents that to you?
3. Is this logo appropriate for the packaging of a birth spacing product?  
If yes, why do you think it’s appropriate?  
If no, why don’t you think it’s appropriate?
- 4.

### COLORS

4. What do you think about the colors of this logo? (**Probe:** Are they attractive colors? What do they mean to you?)
5. What do you think these colors say about the product? (**Probe:** do they make the product look high or low quality? Are they respectable colors?)
6. Are these colors suitable for a birth spacing product? (**probe:** If yes, why? If no, why not?)

### OVERALL QUESTIONS:

7. What do you like most about this logo and packaging?
8. What do you like least?

*Now let’s take a look at another possible logo for birth spacing pills and injectables.*

### LOGO

9. What does this logo represent to you?

10. **Probe:** Can you tell me more about why the logo represents that to you?

11. Is this logo appropriate for the packaging of a birth spacing product?

If yes, why do you think it's appropriate?

If no, why don't you think it's appropriate?

#### COLORS

12. What do you think about the colors of this logo? (**Probe:** Are they attractive colors? What do they mean to you?)

13. What do you think these colors say about the product? (**Probe:** do they make the product look high or low quality? Are they respectable colors?)

14. Are these colors suitable for a birth spacing product? (**probe:** If yes, why? If no, why not?)

#### OVERALL QUESTIONS:

15. What do you like most about this logo and packaging?

***Now we will look at one final logo.***

#### LOGO

16. What does this logo represent to you?

17. **Probe:** Can you tell me more about why the logo represents that to you?

18. Is this logo appropriate for the packaging of a birth spacing product?

If yes, why do you think it's appropriate?

If no, why don't you think it's appropriate?

#### COLORS

19. What do you think about the colors of this logo? (**Probe:** Are they attractive colors? What do they mean to you?)

20. What do you think these colors say about the product? (**Probe:** do they make the product look high or low quality? Are they respectable colors?)

21. Are these colors suitable for a birth spacing product? (**probe:** If yes, why? If no, why not?)

#### OVERALL QUESTIONS:

22. What do you like most about this logo and packaging?

23. What do you like least?

*Now can you compare the three logos we have looked at?*

24. Which logo do you like the best?

25. **Probe:** Why do you like this one the best? What does it represent to you?

Added willingness to pay question: How much would you be willing to pay for one month of contraception?

**Thank you to everyone for your time and your comments. Please help yourself to some refreshments before leaving.**